



## **Safe Communities Success Stories**

Many organizations have added a traffic safety concept to their mission statement or implemented a traffic safety program to better serve their communities. Here are a few samples of successful implementations and summary reports.

### ***Safe Communities Anchorage***

Anchorage, Alaska

Nearly 30 percent of all patients involved in traffic crashes in Alaska resulting in hospital admissions or death were within the municipality of Anchorage. Despite this high number, no organized, coordinated effort to identify the problems or to design a prevention/intervention strategy had been made. The Safe Communities Anchorage initiative was created to address these problems, recognize that injuries are a major health care problem, and provide community strategies to impact them.

The coalition uses local leadership to create local solutions to the problems causing injuries within the framework of education, enforcement, engineering and economic incentive. Their first task was to develop a plan to reduce injuries. Representatives from the private and public sectors in Anchorage worked on the plan, identifying the motor vehicle problem and its causes. Neighborhoods have been empowered to address these injuries with prevention strategies, using the coalition for assistance.

During the first year of Safe Communities Anchorage, the coalition worked on problem identification, collecting and analyzing injury data. They used data information from the Alaska Trauma Registry, Municipality of Anchorage Traffic Engineering Division Annual Reports, Alaska Native Health Services, University of Alaska Anchorage Institute of Social and Economic Research, EMS Reports, traffic enforcement tickets, Anchorage School District behavioral risk surveys, and Alaska State Trooper reports. In addition, a Safe Communities marketing video was prepared and increased citizen and business involvement was developed to expand the "core group." Raising public awareness about community injury problems was achieved through personal contacts, articles in numerous papers, and having community leaders conduct Town Meetings.

The Safe Communities concept has been well-received by key leaders at the state and community levels. A strong working coalition is in the process of developing a plan that aligns with Alaska's Injury Prevention Plan. Safe Communities Anchorage is currently in the process of being recognized as a World Health Organization Safe Communities site.

## ***Safe Jonesboro Coalition***

Jonesboro, Arkansas

Development of the injury prevention coalition began in the summer of 1995, when officials from the National Highway Traffic Safety Administration (NHTSA) and the Arkansas State Highway and Transportation Department approached area leaders concerned with injuries in Craighead County. Injuries were costing Craighead County an estimated \$9.8 million a year in medical expenses alone. At that time, the concept of a Safe Community was presented. With technical assistance from the Greater Dallas Injury Prevention Center, the Safe Jonesboro Coalition was formed.

To achieve their goals, the Safe Jonesboro Coalition adopted a seven-step Safe Communities model. They address all preventable injuries at the community level and devise solutions to these problems. Coalition membership is open to all individuals and organizations having a stake in preventing injury. Activity is prioritized based on scientific evaluation of injury data, community input and available resources. All activity by the Safe Jonesboro Coalition has been made possible with local funding. Training is provided by NHTSA South Central Region and the Arkansas Traffic Safety Office.

The Coalition has formed 10 standing committees to address a broad range of community injury. It attacks injury problems in the community through community partnerships. Using a scientific, community-based approach, Safe Jonesboro seeks to reduce the number of injuries so that treatment and rehabilitation costs can be diminished. This lowering of costs reduces the burden of the county's taxpayers, makes Jonesboro a safer and better place for all, and demonstrates that injury prevention can be cost-effective. The Safe Jonesboro Coalition is an excellent example of a community taking responsibility for itself by addressing local problems with local solutions.

## ***Contra Costa Safe Community***

Contra Costa County, California

The Contra Costa County Health Services Department Community Wellness and Prevention Program began to focus on a multi-disciplinary program aimed at preventing injury and chronic disease, when they were faced with negative community health indicators and high health care costs in 1982. At that time, the Contra Costa Health Services Department Prevention Program developed the "Spectrum of Prevention," a concept that organizes the strategies to improve health and safety conditions along a comprehensive plan of action. These efforts led to the implementation of extensive Safe Community initiatives in the county by 1996, focusing on prevention.

To address prevention issues for children, the Childhood Injury Prevention Coalition was convened, and the State Maternal and Child Health Department funded a childhood injury prevention project that developed strategies for diverse injury problems.

Specific traffic injury problems were identified through an analysis of California and national law enforcement agency reports, and local emergency medical services and hospital discharge data. Extensive traffic safety injury prevention activities have included safety belt and child car seat promotion, motorcycle helmet and helmet use legislative advocacy, and creative bicycle and pedestrian programs for children and adults. Materials and other resources that encouraged community involvement in traffic safety and injury prevention issues were also developed.

The county has joined with Pittsburg, California to implement activities through its Healthy Cities, Traffic Safety Cities and Healthy Neighborhoods models. These activities include sobriety checkpoints, and successful grassroots community advocacy for traffic calming measures. Framed in the Safe Communities context, there has been a substantial increase in community-wide commitment to lower all injury rates.

### ***Loyola University Burn and Shock: Trauma Institute Prevention Program***

Maywood, Illinois

The Loyola University Burn and Shock Trauma Institute Prevention Center includes a Trauma Information System that expands on the Illinois Trauma Registry. The system includes demographic information, clinical statistics and other elements specific to the institute. This expanded database enables the institute to observe and evaluate injury control issues in the communities that it serves. The Prevention Center is based on the concept of Safe Communities. It seeks to help communities identify, link and utilize their own prevention resources; develop and implement programs that address their problem areas; and evaluate progress and performance. The goal of the Loyola University Safe Communities program is to help reduce and prevent injuries in targeted communities.

The Prevention Center staff helps coordinate and integrate efforts with expanded community groups, such as emergency medical services, police and fire departments, local governments, community organizations, schools, public health agencies and businesses. Staff acts as facilitators in the development, implementation and evaluation of projects focused on injury reduction.

The Prevention Center has been extremely successful in helping to expand injury prevention programs in many Illinois communities. They have collaborated with the Rehabilitation Institute of Chicago on short-and long-term rehabilitation outcomes in patients with mild brain injuries, and established a public relations database of more than 2,500 agencies and health care professionals. The first National Injury Prevention Networking Group of Nurses was established by the Prevention Center, and it also serves as a clearinghouse for local, state and national injury prevention materials.

Using 1997 state Safe Communities funding, the Center serves as a technical assistance resource base for prevention education, data collection and a prevention resource clearinghouse in Illinois Trauma/EMS. Safe Communities training will be provided to representatives in all regional trauma centers and hospitals to develop skills needed to implement Safe Communities in their area within the framework of a coordinated injury prevention plan.

### ***Maryland Safe Communities: Partnerships for Traffic Safety***

State of Maryland

The statewide network of Regional Alcohol/Drug Abuse Prevention Training and Resource Centers is located on five Maryland college/university campuses. The Resource Centers have been functioning as extensions of the Maryland Traffic Safety Division and are providing services to many groups and "difficult-to-reach" populations in the areas of youth and

young adult drunk and drugged driving, safety belt use and child passenger safety, pedestrian and bicycle safety and other traffic safety issues.

After the national kickoff of Safe Communities in 1996, the Resource Centers began to convert to Regional Safe Communities Centers. Planning and implementation of the Partnerships for Traffic Safety continued throughout the rest of the year. Four of the original six Resource Centers are participating in this new initiative, providing Regional Centers for the four quadrants of the State. In addition, the Johns Hopkins University of Hygiene and Public Health has become part of the program.

The Maryland Safe Communities initiative is designed to form new regional traffic safety partnerships for coalition-building that will result in reducing a motor vehicle related injuries and fatalities and their accompanying costs to society. With the State Highway Safety Office as the conduit, numerous groups within each community are recruited for participation in the Regional Center.

A three-year plan has been developed, with coalition building a major focus of all communities. Specific goals for the first two years of this effort are to increase safety belt use, pass a standard (primary) safety belt enforcement law, and conduct a comprehensive youth initiative that will reduce motor vehicle deaths and injuries among young drivers. One of the first activities will be to focus on implementing comprehensive traffic safety needs assessments in Baltimore City, based on the Safe Communities concept, and develop a model assessment plan for statewide distribution. The coalition's work during the first year of Maryland Safe Communities resulted in the state passing a standard safety belt enforcement law effective October 1!

### ***Cape Girardeau Safe Community Program***

Cape Girardeau, Missouri

Cape Girardeau has had a Community Traffic Safety Program in place since 1987. However, Cape Girardeau still ranked among the top 10 cities in Missouri for motor vehicle crashes. In the 1990s, it became clear that communities would have more of an impact on traffic safety if they looked at injuries from a broader perspective and linked injury data. This comprehensive approach was what motivated Missouri to believe that Cape Girardeau was the most suitable community in which to establish its first Safe Community.

The goal of the Cape Girardeau Safe Community Program is to provide injury prevention strategies in the area of traffic safety to the citizens of Cape Girardeau County. Their focus has been on promoting injury as a community health issue by developing a total injury prevention program for the community. To reduce death and disability from motor vehicle crashes and other causes of trauma, the Safe Communities initiative has been working to expand partnerships in the community, accessing local injury data to determine areas of concern, assessing which injury areas were being addressed, and evaluating the data to develop effective strategies. Education has been provided to local law enforcement agencies and the public.

A 30-member advisory committee represents 20 agencies in the county. The committee membership is divided into four task groups: 0-15 years of age, 16-20 years of age, adults/special needs and law enforcement. By expanding these four focus areas, new partnerships have been created within the community, including new members who work with injury prevention outside traffic safety. These members are working with the Cape

Girardeau Safe Communities program to incorporate traffic safety into their existing programs, energizing factions in both programs.

As an established program with Community Traffic Safety Program roots, Cape Girardeau already had the commitment and involvement of its citizens for a number of years. But, like any long standing program, it needed to recharge and look in new directions to promote traffic safety. Safe Communities has challenged the coalition to reach out, make changes and research new approaches to problems. Through continued collaboration, all segments of the coalition are working together to make Cape Girardeau a Safe Community.

### ***Community Traffic Injury Prevention Program (TIPP)***

Charlotte, North Carolina

Traffic safety officials in Charlotte, North Carolina were concerned after discovering that the city had the highest number of motor vehicle crashes, both fatal and non-fatal, in the state. Although various traffic safety agencies attempted to address Charlotte's significant crash problem individually, the community recognized a need to reach beyond traditional parameters of the health care delivery system by using a coordinated approach that could be implemented at the community level.

The Charlotte Community Traffic Injury Prevention Program (TIPP) was started with collaborative planning and resource support from many public and private agencies. To help identify specific traffic crash and injury problems, TIPP administrators accessed and linked several injury surveillance databases. Using this data, communities were then able to develop programs targeting their own particular problem areas.

Youth-oriented issues were addressed through a child safety seat giveaway program, Safety Town presentation, and K-12 Traffic Safety Education Curriculum. Emergency Nurses CARE initiated a substance abuse effort for high school students that focused on drinking and driving, and students were encouraged to organize local SADD groups. Law enforcement officers, the Carolinas Medical Center, the Mecklenberg County Health Department and church groups implemented programs targeting elderly pedestrians. Enforcement initiatives also included community education, increased enforcement, and additional training for police officers. To raise safety belt use, TIPP worked with automobile dealerships and local safety belt coalitions to train area sales personnel.

The Charlotte TIPP led to development of new injury databases and expansion of its trauma treatment boundaries to provide services to victims in South Carolina. A Community Resource Center was also developed, providing traffic safety information to the community. TIPP has created an unprecedented awareness of the need for effective injury prevention programs and continues to result in significant developments in the state's approach to injury prevention strategies.

### ***Harlem Hospital Safe Community***

Harlem, New York

Harlem Hospital Injury Prevention Program was formed as an effort to reduce injury to children in the community. A study conducted in 1984 by the Pediatric Trauma Service of Harlem Hospital Center and the Columbia University of Public Health clearly documented that the injury rate for children in the northern Manhattan area was almost twice the

national injury rate. Further research determined that the children were playing in the streets because the play areas were dangerous and dirty. As a result, motor vehicle pedestrian crashes and bicycle collisions were injuring many of Harlem's children. The research also revealed that safe, supervised activities were not available to children living in this area, leading youngsters on a path that often led to violent behavior.

With the leadership and support of Dr. Barbara Barlow, chief of pediatric surgery at Harlem Hospital, community leaders, community-based organizations, businesses, parent associations, and city and state agencies, the Harlem Hospital Injury Prevention team set out to raise community awareness of the problem, educate parents and children about transportation injury and violence prevention, and improve their physical and social environments. Strategies included renovating area playgrounds and building new ones, and implementing a car seat loaner and low cost bicycle helmet distribution program. All strategies were designed to encourage positive activities and traffic safety behavior in these areas and to discourage use for illicit purposes.

The Harlem Hospital Injury Prevention Program has demonstrated a positive effect in almost every aspect of its operation. Injury admissions of Harlem children under age 17 decreased 55 percent, in addition playgrounds, bicycle and motor vehicle pedestrian injuries decreased by 50 percent.

In addition, the community has worked together to create safe, supervised activities, including little leagues, soccer, dance, baseball, bike and gardening clinics offered through the Harlem Hospital Injury Prevention Program. The Harlem Hospital model is being replicated in new sites throughout the country.

### ***Greater Providence Safe Community Network***

Providence, Rhode Island

The Greater Providence Safe Community Network began in February 1996 as a natural extension of the Rhode Island Buckle Up Hotline. The Network's mission is to raise awareness about the consequences of injury and to establish community-based programs that will make Providence a safer and healthier place to live. The program's initial focus is motor vehicle crashes, the leading cause of fatal injury for all age groups in Rhode Island. Each year, one in 10 Rhode Islanders visits an emergency department for an injury-related problem-- an average of about 2,200 people a week. Motor vehicle crashes account for 25 percent of all injury-related hospital admissions. Annual economic costs to the citizens of Providence are estimated to be about \$70 million.

The Greater Providence Safe Community Network includes partners from Hasbro Children's Hospital of the Rhode Island Hospital, the Mayor's Office, the Providence Plan, police, fire, school and engineering departments, insurers, health care providers, Providence Community Action Program, local health clinics, neighborhood associations, and the Rhode Island Chapter of the American Academy of Pediatrics. The Rhode Island Governor's Office of Highway Safety and the Rhode Island Department of Health are founding partners of the coalition.

Early Network initiatives have focused on the enhancement of the existing base of safety belt and child safety seat programs that include the expansion of the 24-hour RI Buckle Up Hotline, acceleration in the number of child safety seat loaner programs among low income groups, and expanded proactive enforcement of the state's safety belt use law. The

program relies on extensive use of community networks to inform and empower citizens to take control of the health and safety issues that affect their own lives. Community networks promote the message and deliver services to a diverse multi-cultural population. Brown University medical students, for example, have collaborated on community service projects in low-income neighborhoods.

Future efforts will be prioritized by injury trends within the community and the desire of the community to address specific injury concerns. The hope for Greater Providence Safe Community Network is that citizens can believe they can make a difference in their quality of life by helping to protect family, friends and neighbors from injury and death.

### ***Greater Dallas Injury Prevention Center***

Dallas, Texas

Development of an injury prevention center began in the summer of 1991, when severe injuries reached an all-time high in the Dallas county area. Local hospitals had no formal plan to deal with this demand. Estimates showed that by 1998, if no changes were made, injuries would outnumber the available beds in area hospitals. A panel of local experts from the health care, business, religious, and social services sectors met between November 1991 and November 1992 to forge a strategy to address the injury epidemic in Dallas and to develop a multi-year plan of action to address the problem. As a result, the Greater Dallas Injury Prevention Center (GDIPC) was established.

The GDIPC serves as a resource center for new and existing injury prevention programs throughout Dallas, and helps stimulate injury prevention activities within communities. The Safe Communities Executive Advisory Committee, comprised of about 50 community leaders and businesses, advises the GDIPC on matters of interest and significance to the area and establishes the priorities of individual prevention efforts.

GDIPC matches the resources of existing safety-related organizations, such as Safe Kids, Mothers Against Drunk Driving, the American Automobile Association, and the Academy of Pediatrics, with injury related needs of various communities. GDIPC also evaluated the effectiveness of each previously tested intervention. When effective injury prevention resources are not available locally, GDIPC helps communities identify model programs elsewhere. GDIPC's statistical impact on overall injury rates in the Dallas County area will be assessed after the program has been in operation for about five years.

GDIPC has provided technical assistance and training to communities throughout Texas and has been a catalyst for promoting Safe Communities to others, including the Arkansas Safe Jonesboro Coalition. GDIPC is currently a demonstration site for NHTSA's Safe Communities Demonstration and Evaluation Program; they will spend three years testing the viability of the model in an urban environment. In 1996, GDIPC became the first site in the nation to be certified by the World Health Organization as a Safe Community by their international standards.